DOCUMENT RESUME

ED 346 641 EC 301 252

TITLE	Mobility Limitations: A Look at Alcohol and Other Drug Abuse Prevention.
INSTITUTION	VSA Educational Services, Washington, DC. Resource Center on Substance Abuse Prevention and Disability.
SPONS AGENCY	Alcohol, Drug Abuse, and Mental Health Administration (DHHS/PHS), Rockville, MD. Office for Substance Abuse Prevention.
PUB DATE	91
NOTE	7p.; For related documents, see EC 301 244-257.
AVAILABLE FROM	Resource Center on Substance Abuse Prevention and Disability, 1331 F St., N.W., Suite 800, Washington, DC 20004 (braille, large print, and audiocassette versions also available).
PUB TYPE	Guides - Non-Classroom Use (055)
EDRS PRICE	MF01/PC01 Plus Postage.
DESCRIPTORS	Accessibility (for Disabled); Alcohol Abuse; At Risk Persons; Drug Abuse; Interaction; *Intervention; Organizations (Groups); *Physical Disabilities; *Prevention; Resources; *Substance Abuse

ABSTRACT

This guide to alcohol and other drug abuse prevention for individuals with mobility limitations outlines types of problems with mobility and their incidence. The implications of alcohol and other drug use are examined, emphasizing that this population is generally at higher risk for alcohol and other drug-related problems. Possible solutions to problems of accessibility of offices and programs for individuals with mobility limitations are listed. Suggestions are provided for improving interactions, and four myths about individuals with mobility limitations are dispelled with factual information. A list of 13 organizational resources, 5 printed resources, and 13 references is also offered. (JDD)

****
* Reproductions supplied by EDRS are the best that can be made *
* from the original document. *
****

U.S. DEPARTMENT OF EDUCATION
Office of Educational Research and Improvement
EDUCATIONAL RESOURCES INFORMATION CENTER (ERIC)
☐ This document has been reproduced as received from the person or organization originating it.
☐ Minor changes have been made to improve reproduction quality.
• Points of view or opinions stated in this document do not necessarily represent official OERI position or policy.

ED346641

A Look at Alcohol and Other Drug Abuse Prevention and...

MOBILITY LIMITATIONS

A broad range of disabilities have the effect of restricting independent movement or travel. Problems with mobility may result from spinal cord injury, arthritis, muscular dystrophy, cerebral palsy, amputation, polio, stroke, breathing or stamina limitations, or other conditions. Over an estimated 25 million people have mobility problems, which may take the form of paralysis, muscle weakness, nerve damage, stiffness of the joints, or lack of balance or coordination. One million of these people are wheelchair users. Orthopedic impairments and arthritis affect 9.2 million people and rank as the top causes of activity limitations.

The Implications of Alcohol and Other Drug Use

The risk for alcohol and other drug-related problems among people with mobility limitations generally is higher than for the population at large. The specific prevalence of alcohol and other drug abuse problems varies according to the nature and origin of the disability. One subgroup of concern involves people with traumatic injuries, such as spinal cord injury. Approximately one half or more of all spinal cord injuries occur following alcohol or other drug consumption (Heinemann, et al., 1988).

Another group at high risk are those people who experience chronic pain or muscle spasms (Moore and Polsgrove, 1991). It is not unusual for people with these conditions to receive a number of simultaneous prescriptions. Even small amounts of alcohol can be harmful in combination with prescription drugs, and these dangers often are not apparent to the consumer or others. Relying on drugs as a primary means of coping with pain increases the likelihood that chemical coping will be perceived as the best way to deal with physical and emotional pain as well (Krupp, 1968).

Societal attitudes sometimes include the belief that people with mobility limitations are "entitled" to use alcohol and other drugs in order to cope with isolation, pain, or social problems (Moore and Ford, 1991). Unfortunately, once alcohol and other drug abuse becomes a problem, it is difficult to identify and treat because professionals and family focus on the disability, not the alcohol or other drug problem.

> "Great gains have been made in the addiction field, but people with major life-limiting impairments continue to be undertreated and undercounted...the challenges of making treatment and prevention accessible and responsive to people with physical impairments is a challenge that faces us all."
>
> **— Alexander Boros, Ph.D.**
> Director
> Project Addiction Intervention
> with the Disabled
> Kent State University

EC 301252

Resource Center on Substance Abuse Prevention and Disability • 1331 F Street N.W., Suite 800 • Washington, DC 20004
Voice (202)783-2900 • TDD (202)737-0645 • Fax (202)737-0725

BEST COPY AVAILABLE

Alcohol and other drug abuse prevention efforts should include information specific to the person's disability. For example, the following points might be emphasized in discussions with a person with mobility limitations:

- For someone with serious mobility limitations, even moderate alcohol use increases risk for medical complications, accidents, and occupational difficulties.
- Alcohol and other drug use can interfere with motor coordination and muscle control, making certain tasks even more difficult to accomplish.
- Even small amounts of alcohol can be harmful in combination with prescription drugs.

The Issue of Access

In reviewing your facility, office or program's accessibility for people with mobility limitations, ask some of the following questions:

- Are paths and walkways at least 36 inches wide?
- Is parking conveniently located to a main building entrance via an accessible route?
- Is the carpet pile on the floor 1/2 inch or less?
- Are all rugs and mats securely fastened?
- Are there a reasonable number of (at least one) accessible toilet rooms on an accessible route?
- Are call buttons in the elevators located 42 inches or less above the floor?

This check list is a sample taken from "Making the Workplace Accessible: Guidelines, Costs and Resources," a 1990 publication of Mainstream, Inc.

Possible Solutions to Access Problems

Make the necessary structural changes to eliminate barriers. Some suggestions:

- Add a ramp to cover one or two steps;
- Widen doorways;
- Lower towel dispensers in rest rooms;
- Lower telephones and water fountains;
- Make curb cuts in sidewalks and entrances;
- Use floor coverings that allow easy mobility (e.g., non-skid surfaces or low carpet);
- Add a paper cup dispenser at a water fountain;
- Raise desks with blocks or use simple crank-style drafting tables as alternatives to standard desks;
- Replace existing hardware and equipment to allow for grab bars, handrails, and other supports where needed;
- Monitor access to emergency controls and general hardware (e.g., level door handles, light fixtures, vending machines), use "Lazy Susans" which allow people to rotate equipment without reaching;
- Lower tension on doors and water fountains;
- Buy automatic electric staplers for paperwork;
- Attach items or equipment with velcro;
- Relocate a program or service to an accessible area.

Suggestions to Improve Positive Interactions

If the person appears to have little grasping ability, do not be afraid to try to shake hands. This is a traditional part of business etiquette, and signals that you are giving equal consideration. It is important to allow the person with a disability to guide you. He or she will have developed ways to handle almost all common social situations.

Do not hold on to a person's wheelchair. It is part of the person's body space and is both inappropriate and dangerous.

Talk directly to the person using a wheelchair, not to an attendant or third party. The person is not helpless or unable to talk.

If conversation becomes protracted, consider sitting down in order to share eye level. This not only is more respectful, but it may be more comfortable for both parties.

Avoid the following disabling terms: cripple, confined to a wheelchair, wheelchair bound, deformed, cord, quad, para. Use terms such as: person with (spinal cord injury, etc.), walks with (crutches, braces, etc.), wheelchair user.

REMEMBER

ASK AND LISTEN!

A person with
a disability
is the expert
about his or her
disability.

Resources

The Spinal Network: the Total Resource for the Wheelchair Community. This directory and other publications are available from the Spinal Network, PO Box 4126, Boulder CO 80306. Phone: (800) 338-5412.

National Resource Directory, an Information Guide for Persons with Spinal Cord Injury and Other Physical Disabilities. This directory can be ordered from the National Spinal Cord Injury Association. Their address is 600 West Cummings Park, Suite 2000, Woburn, MA 01801. Phone: (617) 935-2722.

To explore the issues related to the alcohol and other drug dependency treatment, obtain a copy of *Spinal Network Extra: Special Report Substance Abuse,* (Winter 1991). Write to Spinal Network, PO Box 4126, Boulder, CO 94402. Phone: (800) 338-5412.

DIRECT LINK for the Disabled, Inc., is a public benefit organization that provides information and resources for any disability related question. Information packages about technology for people with disabilities; financial assistance; and notebooks of resources on stroke, spinal cord injury or neuromuscular diseases are available. Write DIRECT LINK for the Disabled, Inc., PO Box 1036, Solvang, CA 93464. Phone: (805) 688-1603.

The United Cerebral Palsy Associations, Inc. (UCPA) provides information, referrals and training. Information and referral specialists are available to direct you to the most appropriate publication produced by UCPA, including: *The Networker* and *Family Support Bulletin.* Contact UCPA, 1522 K Street, NW, Washington, DC 20005. Phone 1 (800) USA-5UCP.

MYTHS & **FACTS**

MYTH: *All wheelchair users are paralyzed and are "confined" to their wheelchairs.*

FACT: Many wheelchair users can walk with other mobility aids, but their speed, range, and convenience of movement is enhanced by wheelchair use. Wheelchairs liberate those who need them and confine none.

■

MYTH: *People with paraplegia are paralyzed from the waist down, and people with quadriplegia from the neck down.*

FACT: Both paraplegia and quadriplegia are conditions with varying degrees of paralysis. A person with a high cervical injury may have total paralysis from the neck down, requiring the assistance of a respirator for breathing. Someone with a low cervical injury may have movement and control of the upper extremities except for the absence of finger grasp.

MYTH: *Accommodations for people with mobility limitations mean the complete removal of all architectural barriers.*

FACT: The term "accommodation" covers a multitude of possibilities. Making worksite modifications, adjusting schedules, and acquiring specialized equipment are examples of accommodation. It is a highly individualized matter.

■

MYTH: *Accommodating a person with mobility limitations is expensive.*

FACT: The overwhelming majority of accommodations (over 80%) cost less than $500.

ETC.

This space has been provided for you. Make notes or write questions that you want to ask resource organizations or agencies.

For More INFORMATION

Organizations

American Amputee Foundation
PO Box 250218
Hillcrest Station
Little Rock, AR 72225
(501) 666-2523

Arthritis Foundation
1314 Spring Street, NW
Atlanta, GA 30309
(800) 283-7800

International Polio Network
5100 Oakland Avenue
Suite 206
Saint Louis, MO 63110
(314) 534-0475

National Spinal Cord Injury Association
600 West Cummings Park, Suite 2000
Woodburn, MA 01801
(800) 962-9629

National Stroke Association
300 East Hampden Avenue
Suite 240
Englewood, CO 80110
(303) 762-9922

Paralyzed Veterans of America
801 18th Street, NW
Washington, DC 20006
(800) 424-8200

Spinal Network
PO Box 4126
Boulder, CO 80306
(303) 449-5412
(800) 338-5412

United Cerebral Palsy Associations, Inc.
1522 K Street, NW, Suite 1112
Washington, DC 20005
(800) USA-5UCP
(202) 842-1266 Voice and TDD

Government Agencies

National Institute of Neurological
Disorders and Stroke
Building 31, Room 8A06
9000 Rockville Pike
Bethesda, MD 20892
(301) 496-5924

Rehabilitation Services Administration
U.S. Department of Education
330 C Street, SW
Washington, DC 20001
(202) 732-1282
(202) 732-2848 TDD

Community Contacts

Many of the listed organizations will have state and local chapters.

To locate additional resources, contact your state Governor's Committee of People with Disabilities

or obtain a State Resource Sheet from

National Information Center for Children and
Youth with Disabilities
PO Box 1492, Washington, DC 20013
(703) 893-6061
(800) 999-5599
(703) 893-8614 TDD

References

Anderson, P. (1980/81). Alcoholism and the spinal cord disabled: A model program. *Alcohol Health and Research World*, 8 (2), 37-41.

Heinemann, A.W. (1986). Substance abuse and disability: An update. *Rehabilitation Report*, 2(6-7), 3-6.

Heinemann, A.W., Doll, M., and Schnoll, S. (1989). Treatment of alcohol abuse in persons with recent spinal cord injuries. *Alcohol, Health and Research World*, 13 (2), 110-117.

Krupp, N.E. (1968). Psychiatric implications of chronic and crippling illness. *Psychosomatics*, 9 (2), 109-113.

Malec, J., Harvey, R.F., and Cayner, J.J. (1982). Cannabis effect on spasticity in spinal cord injury. *Archives of Physical Medicine and Rehabilitation*, 63(3), 116-118.

Moore, D., and Ford, J.A. (1991). Prevention of substance abuse among persons with disabilities: A demonstration model. *Prevention Forum*, 2(2).

Moore, D., and Polsgrove, L. (1991). Disabilities, developmental handicaps, and substance misuse: A review. *The International Journal of the Addictions*, 26(1), 65-90.

Myers, A., Branch, L., and Lederman, R. (1988). Alcohol, tobacco, and cannabis use by independently living adults with major disabling conditions. *The International Journal of the Addictions*, 23(7), 671-685.

National Center for Medical Rehabilitation Research (1991). The scope of physical disability in America—the populations served. National Institute of Child Health and Human Development, U.S. Department of Health and Human Services, Bethesda, MD.

O'Donnel, J., Cooper, J., Gessner, J., Shehan, I., and Ashley, A. (1981/82). Alcohol, drugs and spinal cord injury. *Alcohol Health and Research World*, 6(1), 27-29.

Rasmussen, G.A., and DeBoer, R.P. (1980/81). Alcohol and drug use among clients at a residential vocational rehabilitation facility. *Alcohol Health and Research World*, 5(2), 48-56.

Regional Rehabilitation Research Institute on Attitudinal, Legal and Leisure Barriers. (1979). *Free Wheeling*. Washington, DC: George Washington University.

Task Force on Medical Rehabilitation Research (1990). Report of the task force on medical rehabilitation research. National Institute of Health, U.S. Department of Health and Human Services, Bethesda, MD.

This information was developed as a part of a set of materials on alcohol and other drug abuse prevention and disability. Other documents on specific topics are available upon request.
Produced by VSA Educational Services, Resource Center on Substance Abuse Prevention and Disability.
Funded by the U.S. Department of Health and Human Services, Office for Substance Abuse Prevention, Division of Communication Programs.

Resource Center on Substance Abuse Prevention and Disability ▪ 1331 F Street N.W., Suite 800 ▪ Washington, DC 20004
Voice (202)783-2900 ▪ TDD (202)737-0645 ▪ Fax (202)737-0725